



## PART B - FEE(S) TRANSMITTAL

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55070 7590 05/29/2007

INTERNATIONAL BUSINESS MACHINES CORP.  
IP LAW  
555 BAILEY AVENUE, J46/G4  
SAN JOSE, CA 95141

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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/872,077 06/01/2001 Lisa Amini STL920000116US1 3841

TITLE OF INVENTION: SYSTEMS, METHODS, AND COMPUTER PROGRAM PRODUCTS FOR ACCELERATED DYNAMIC PROTECTION OF DATA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional NO \$1400 \$300 \$0 \$1700 08/29/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
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NALVEN, ANDREW L 2134 380-045000

08/22/2007 AWONDAF2 00000015 090460 09872077

01 FC:1501 1400.00 DA  
02 FC:1504 300.00 DA  
03 FC:8001 3.00 DA

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list:

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Christine H. Smith

2 Elissa Y. Wang

3 Janet M. Skafar

### 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

International Business Machines Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Armonk, New York

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

#### 4a. The following fee(s) are submitted:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 09-0460 (enclose an extra copy of this form).

#### 5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Janet M. Skafar

Date July 2, 2007

Typed or printed name Janet M. Skafar

Registration No. 41,315

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